

**Family and Community Medicine**

Code: 106706  
ECTS Credits: 3

**2025/2026**

Degree	Type	Year
Medicine	OB	3

**Contact**

Name: Maria Asuncion Wilke Trinxant

Email: mariaasuncion.wilke@uab.cat

**Teachers**

Ana Maria Altaba Barcelo

Joan Juvanteny Gorgals

Francisco Lopez Exposito

Maria Isabel Gonzalez Saavedra

Clara Alavedra Celada

Silvia Guell Parnau

Victoria Cendros Camara

Esperanza Martin Correa

Judit Llussa Arboix

Maria Asuncion Wilke Trinxant

Miguel Angel Sarlat Ribas

Maria Antonia Llauger Rossello

Maria de las Nieves Barragan Brun

Maria del Mar Gili Riu

Victor Miguel Lopez Lifante

Guillem Fluxa Terrasa

Montserrat Bare Mañas

Miriam Mulero Collantes

Maria Luz Bravo Vicien

Cristina Cabistañ Arbiol

Raquel Gayarre Aguado

Alba Martinez Escude

Nuria Martinez Sanchez

Pascual Roig Cabo

Immaculada Serra Morera

## **Ester Mestres Ramírez**

Jose Manuel Escudero Ibañez

Roser Ros Barnadas

Maria Josefa Perez Lucena

Miquel Cirera Perich

Carmen Exposito Martinez

Pablo Andres Hidalgo Valls

Marta Pallas Ellacuria

Jose Manuel Cruz Domenech

Elisabeth Navarro Fontanellas

Laura Diaz Gete

Monica Rebollar Gil

Arancha González Osuna

Anna Estafanell Celma

David Lacasta Tintorer

Yoseba Canovas Zaldua

Anna Besa Beringes

Ana Domenech Borras

Francesc Xavier Cos Claramunt

Maria Teresa Tierno Ortega

Jordi Ingla Mas

Lluis Cuixart Costa

Montserrat Mas Ortega

Cristina Alós Manrique

Nuria Piquer Farres

Albert Xicola Botifoll

## **Teaching groups languages**

You can view this information at the [end](#) of this document.

## **Prerequisites**

There are no official prerequisites, but it is recommended that candidates meet the following criteria:

- Be enrolled in the third year of the degree.
- It is advisable to take the course after the start of clinical training.
- Have passed the subjects Clinical Practice I and II.

- Be enrolled (though not necessarily have passed) in the subject of Pathophysiology and Clinical Semiotics (third year).

Given the practical nature of this course, which takes place in a Primary Care Centre, students are expected to commit to preserving confidentiality and professional secrecy regarding any data they may have access to during their training in healthcare services. Likewise, a professional and ethical attitude is expected in all their actions.

### **Objectives and Contextualisation**

The context in which the subject of Family and Community Medicine takes place represents the students' first contact, during their clinical training phase, with the primary healthcare system.

Several aspects of clinical care practice are considered part of the scope of primary care, including: home visits; the preventive and community-based approach to behaviours, lifestyles, and health problems, taking into account their social and gender-related determinants; continuity of care throughout a person's life, including end-of-life care; comprehensive management of individuals with multiple health conditions and situations of vulnerability or frailty; and a family-oriented and intersectional approach to certain health problems.

Furthermore, primary care is where the diagnostic process for many health problems begins, where referral and consultation criteria are defined, and where the so-called *continuum of care* is ensured—that is, coordination with other levels of the healthcare system and with community and social care services—aiming to provide equitable, accessible, and gender-sensitive care.

Likewise, the foundations will be laid to carry out research in primary care with an integrative approach.

The learning objectives of this course are as follows:

- To understand the structure of the primary care team and its members, valuing professional diversity and interdisciplinary collaboration.
- To appropriately conduct the clinical interview, including complex situations such as delivering bad news, with emotional sensitivity, ethical awareness, and a gender-sensitive approach.
- To understand the principles and practice of home care, tailored to individual needs and the surrounding environment.
- To integrate preventive activities that promote health equity, taking into account social and gender-related determinants.

- To understand the care of individuals with multiple health conditions and complex pharmacological treatments, promoting a comprehensive and person-centred approach.
- To introduce research in primary care from a critical, ethical, and gender-sensitive perspective.
- To introduce deprescribing and quaternary prevention strategies, aimed at avoiding unnecessary medicalisation and associated risks, especially in vulnerable populations.

This course is complemented by others such as the Academic Itineraries in Medicine (AIMs), Pathophysiology, and Clinical Semiotics, fostering a coherent, progressive, and person-centred educational experience. It is worth highlighting the significant contribution of women to the development, coordination, and educational innovation of this subject, both in clinical practice and in academia. Currently, the coordination of the subject is led by a primary care physician, reflecting a strong commitment to gender equity and female representation in academic leadership roles.

## Competences

- Be able to work in an international context.
- Communicate clearly and effectively, orally and in writing, with patients, family-members and accompanying persons, to facilitate decision-making, informed consent and compliance with instructions.
- Communicate clearly, orally and in writing, with other professionals and the media.
- Critically assess and use clinical and biomedical information sources to obtain, organise, interpret and present information on science and health.
- Demonstrate knowledge of the national and international health organisations and the factors and circumstances affecting other healthcare systems.
- Demonstrate sufficient supervised clinical experience in hospitals or other healthcare centres, and familiarity with patient-centred care management and the correct use of tests, medicines and other resources of the healthcare system.
- Empathise and establish efficient interpersonal communication with patients, family-members, accompanying persons, doctors and other healthcare professionals.
- Listen carefully, obtain and synthesise relevant information on patients' problems, and understand this information.
- Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
- Recognise the role of complexity, uncertainty and probability in decision-making in medical practice.
- Use information and communication technologies in professional practice.

## Learning Outcomes

1. Accept that professional decisions are taken within a framework of uncertainty.
2. Be able to work in an international context.
3. Communicate clearly, orally and in writing, with other professionals and the media.

4. Describe the communication process and its effect on the professional caregiverpatient relationship.
5. Describe the new health problems arising from migratory movements in Europe that are treated in primary healthcare.
6. Describe the system for assessing health programmes and make a critical analysis of this system.
7. Differentiate between risk to the population and individual risks.
8. Explain the elements to be considered when assessing patients' role in decision-making on their health and on the medical attention they receive at their primary healthcare centres.
9. Identify the basic elements of the face-to-face doctorpatient interview in a context of high accessibility and longitudinal care.
10. Identify the presentation forms of the different pathological processes.
11. Know the basic elements of the communication of clinical research results.
12. Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
13. Observe the therapeutic approach, the clinical course and its prevention in cases where this is possible.
14. Participate in discussions to solve the clinical problems being faced.
15. Perform an anamnesis and a complete physical examination by systems on adults and children.
16. Prepare a complete patient record systematically.
17. Question a simple model to explain the state of health/illness of individuals.
18. Use information and communication technologies in professional practice.

## **Content**

**Appropriate use of the clinical interview in special situations**, such as delivering bad news, which should enable: identifying the patient's concerns and reasons for consultation in an empathetic and unbiased manner; exploring guiding symptoms; assessing psychosocial aspects with sensitivity to gender and contextual inequalities; identifying diagnostic and therapeutic possibilities; and applying narrative support techniques that promote a respectful, person-centred clinical relationship.

**Understanding of home care**: identification of the most frequent reasons for consultation; understanding the roles of different professional profiles within the primary care team; appropriate use of diagnostic and therapeutic techniques in the patient's home; and assessment of the role of caregivers, as well as the family and community environment, with special attention to the care burden, which often disproportionately affects women.

**Preventive activities**: knowledge of the main prevention strategies in adults (vaccination, screening for cardiovascular risk factors and neoplasms, health promotion-physical activity, healthy eating, mental health, among others), taking into account the social, cultural, and gender-related determinants that affect access, adherence, and outcomes of these interventions.

**Care for individuals with multiple health conditions and polypharmacy**: identification of challenges in clinical management, rational use of medication,

pharmacological interactions, comorbidities, and therapeutic burden, with an individualized approach that is person-centred and sensitive to social and gender context.

**Understanding the basic elements of research dissemination in primary care**, promoting clear, ethical, inclusive, and gender-sensitive scientific communication.

Understanding how and when deprescribing should be carried out in people on multiple medications, especially when certain drugs offer no clinical benefit and pose a higher risk of adverse effects or interactions, in accordance with person-centred medicine and equitable use of therapeutic resources.

**Recognizing the importance of quaternary prevention as an ethical tool to avoid unnecessary medicalisation, overdiagnosis, and overtreatment, by promoting shared, informed decisions that respect each person's preferences, values, and circumstances.**

**Course content blocks:**

- A. Clinical interview
- B. Home care
- C. Individuals with multiple health conditions and polypharmacy
- D. Preventive activities
- E. Introduction to research in primary care
- F. Deprescribing and quaternary prevention

## **Activities and Methodology**

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
Clinical care practices (CCP)	21	0.84	1, 3, 11, 4, 6, 5, 7, 8, 15, 9, 10, 12, 13, 14, 17, 16, 18
SEMINARS	12	0.48	1, 3, 11, 4, 7, 8, 9, 10, 12, 17, 18
Type: Autonomous			
PREPARATION OF ASSIGNMENTS / PERSONAL STUDY	39.9	1.6	11, 6, 8, 9, 12, 13, 17, 2, 18

For the current academic year, the teaching staff appointed by the Departments as responsible for the subject at both Faculty and Teaching Unit (UDH) level are as follows:

**Responsible Department:** Medicine

**Faculty Coordinator:** Asunción Wilke Trinxant (MariaAsuncion.wilke@uab.cat)

**UD Vall d'Hebron:** Joan Juvanteny (juvanteny@gmail.com)

**UD Germans Trias i Pujol:** Asunción Wilke (awilke.bnm.ics@gencat.cat)

**UD Sant Pau:** M.<sup>a</sup> Antònia Llauger (mallauger@gencat.cat)

**UD Parc Taulí:** Carme Expósito (Carmen.Expósito@uab.cat)

## Clinical Placements

**Type:** Supervised Clinical Practice (PCA)

**Content:** Clinical practice at a Primary Care Centre (CAP) for a total of 21 hours. Students are assigned in pairs (groups of 2).

## Seminars

**Type:** Specialised Seminars (SESP)

**Group size:** Up to 25 students

**Duration:** 6 sessions of 2 hours each (with 10 minutes allocated for assessment)

**Scheduling:** Organised by each Hospital Teaching Unit (UDH)

**Seminar content:**

- Seminar 1: Clinical interview (How to deliver bad news)
- Seminar 2: Foundations of research in primary care
- Seminar 3: Home care
- Seminar 4: Preventive activities
- Seminar 5: Care of individuals with multiple health conditions and polypharmacy
- Seminar 6: Deprescribing and quaternary prevention

Given the nature of the seminars (work based on clinical cases), students are expected to have reviewed the seminar materials in advance. These will be made available through the Virtual Campus.

Exceptionally, and based on the judgement of the course coordinators, the availability of resources, and the current public health situation within each Teaching Unit, some of the theoretical, practical, and seminar content may be delivered either in person or online.

**Note:** 15 minutes of one session, within the timeframe established by the centre/degree programme, will be allocated for students to complete course and teaching performance evaluations.

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

## Assessment

### Continuous Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Assessment by objective tests: multiple choice items/restricted questions	50%	1	0.04	11, 4, 6, 5, 7, 8, 9, 10, 12, 13, 14, 17, 2, 18
Evaluation of clinical cases and/or skills in the seminars	15%	0.7	0.03	1, 3, 11, 4, 6, 5, 7, 8, 9, 10, 13, 14, 17, 18
Practical evaluation	35	0.4	0.02	1, 11, 4, 6, 15, 9, 13, 16

This course does not offer a single final evaluation option.

The assessment is continuous, based on attendance and the evaluation of various learning activities.

To pass the course, it is essential to meet the following requirements:

- a) 100% attendance of clinical placements at the Primary Care Centre (CAP) (21 hours)
- b) 100% attendance of the seminars (6 seminars)
- c) A minimum grade of 5 out of 10 in the final seminar assessment
- d) A minimum grade of 5 out of 10 in the final course examination

Honours Distinctions (Matrículas de Honor) will be awarded among the highest final marks. The minimum grade required to be eligible for this distinction is 9.5 out of 10.

The final evaluation will consist of 3 components:

## 1. Evaluation of clinical placements in the Primary Care Centre (CAP)

This assessment will be carried out by the clinical tutor at the CAP and will include the following components:

- Attendance and punctuality (maximum 10 points)
- Professional and ethical attitude (maximum 10 points)
- Communication with patients and the healthcare team (maximum 10 points)
- Clinical decision-making (maximum 10 points)
- Comprehensive care for individuals with multiple health conditions and polypharmacy (maximum 10 points)
- Application of deprescribing criteria and quaternary prevention (maximum 10 points)
- Preventive and health promotion interventions (maximum 10 points)
- Home care evaluation, considering the person's family and community environment (maximum 10 points)

This component accounts for 35% of the final grade.

## 2. Evaluation of the seminars

The knowledge and skills acquired will be assessed through a short-answer test (2 to 4 questions) or a clinical case related to the seminar topic. This evaluation will take place at the end of each seminar (duration: 10 minutes).

In seminars using a flipped classroom methodology, those who actively participate in the presentation will be exempt from the final test and will receive the maximum score for that activity.

This component accounts for 15% of the final grade.

## 3. Evaluation through objective tests (multiple-choice)

- The exam will consist of multiple-choice questions and/or one short-answer question.
- Each question will have several possible answers, but only one correct answer. Unanswered questions will not be penalised; incorrect answers will subtract points.

- Students who have not completed 100% of the clinical placements and seminars may not sit the exam.

This component accounts for 50% of the final grade.

## Non-assessable status

A student will be considered non-assessable in any of the following situations:

- a) Failure to attend 100% of clinical placements at the CAP (21 hours)
- b) Failure to attend all 6 seminars

## Final resit exam

Students who do not pass the final exam (score below 5), or who could not take it due to justified personal reasons, may take a resit examination.

## Course failure

If a student does not pass the course, they must enrol again in the following academic year (or later).

If the student has completed 100% of the clinical placements at the CAP, they will not need to repeat them. However, attendance at the seminars will be required again in order to sit the final exam in the next call.

## Bibliography

### ENTREVISTA CLÍNICA

1.- Borrell F, Bosch JM. Entrevista clínica y relación asistencial. La atención centrada en la persona. Dins: Martin Zurro A, Cano Pérez JF, Gené Badia J. Atención primaria: principios, organización y métodos en medicina de familia. 8<sup>a</sup> ed. Barcelona: Elsevier; 2019. Disponible a:

[https://bibcercador.uab.cat/permalink/34CSUC\\_UAB/1eqfv2p/alma991010488765406709](https://bibcercador.uab.cat/permalink/34CSUC_UAB/1eqfv2p/alma991010488765406709)

2.-Buckman R. How to break bad news: a guide for health care professionals. Baltimore: Johns Hopkins University Press, 1992.

3.- Epstein Ronald M, Street Richard L. Shared Mind: Communication, Decision Making, and Autonomy in Serious Illness. Ann Fam Med. 2011; 9(5):454-461. Disponible a:

[https://bibcercador.uab.cat/permalink/34CSUC\\_UAB/1c3utr0/cdi\\_pubmedcentral\\_primary\\_oai\\_pubmedcentral\\_nit](https://bibcercador.uab.cat/permalink/34CSUC_UAB/1c3utr0/cdi_pubmedcentral_primary_oai_pubmedcentral_nit)

### ATENCIÓ DOMICILIARIA

1.-Cegri F, Limón E. Paciente en el domicilio. Dins: Martin Zurro A, Cano Pérez JF, Gené Badia J. Atención Primaria. 8<sup>a</sup> ed. Barcelona: Elsevier; 2019. p. 486-509.

2.- Badia-Rafecas W, Bonilla-Ibern M, Buendia-Surroca C, Cegri-Lombardo F, Company-Fontané J, Contel-Segura JC, et al. Programa de millora de l'atenció al domicili des de l'atenció primària de salut. Barcelona: Institut Català de la Salut; 2010. Disponible a:

[https://bibcercador.uab.cat/permalink/34CSUC\\_UAB/1eqfv2p/ alma991000932029706709](https://bibcercador.uab.cat/permalink/34CSUC_UAB/1eqfv2p/ alma991000932029706709)

3.- Corrales Nevado A, Alonso Babarro A, Rodríguez Lozano MA. Continuidad de cuidados, innovación y redefinición de papeles profesionales en la atención a pacientes crónicos y terminales. Informe SESPAS. Gaceta sanitaria. 2012; 26(S1): 63-68. Disponible a:

[https://bibcercador.uab.cat/permalink/34CSUC\\_UAB/1c3utr0/cdi\\_crossref\\_primary\\_10\\_1016\\_j\\_gaceta\\_2011\\_09\\_1](https://bibcercador.uab.cat/permalink/34CSUC_UAB/1c3utr0/cdi_crossref_primary_10_1016_j_gaceta_2011_09_1)

## MALALT PLURIPATOLOGIC

- Martin C, Wilke MA, Lopez Grau M. Paciente anciano. Dins: Martin Zurro A, Cano Pérez JF, Gené Badia J. Atención Primaria. 8<sup>a</sup> ed. Barcelona: Elsevier; 2019. P. 440-461.
- Contel Segura JC, Santa Eugenia Gonzalez J, Gutierrez Jimenez N. Paciente crónico en situación de multimorbilidad y complejidad. Dins: Martin Zurro A, Cano Pérez JF, Gené Badia J. Atención Primaria. 8<sup>a</sup> ed. Barcelona: Elsevier; 2019. p. 462-485.

## ACTIVITATS PREVENTIVES

- Sociedad Española de Medicina de Familia y Comunitaria. Programa de actividades preventivas y de promoción de la salud. Resumen recomendaciones 2020 [Internet]. [Barcelona]: SEMFYC; 2020. Disponible a: <https://papps.es/resumen-recomendaciones-2020/>
- Actualización 2020 - PAPPS. Atención Primaria. 2020 Noviembre; 52(S2): 1-172. Disponible a: [https://bibcercador.uab.cat/permalink/34CSUC\\_UAB/1eqfv2p/ alma991010358992106709](https://bibcercador.uab.cat/permalink/34CSUC_UAB/1eqfv2p/ alma991010358992106709)

## RECERCA EN ATENCIO PRIMÀRIA

- Miquel Collell C, Bosch Aparici X, Visa Esteve J, Guilera MJ, Pujol Borrell R. Guia de bona pràctica en la recerca en ciències de la salut de l'ICS. Barcelona: Institut Català de la Salut; 2015. Disponible a: [https://bibcercador.uab.cat/permalink/34CSUC\\_UAB/1eqfv2p/ alma991008954529706709](https://bibcercador.uab.cat/permalink/34CSUC_UAB/1eqfv2p/ alma991008954529706709)
- Ètica de la investigación AMF 2015;11(4):191-198

## DEPRESCRICIO I PREVENCIO QUATERNARIA

- Sallevelt BTGM, Egberts TCG, Huijbers CJA, Ietswaart J, Drenth-van Maanen AC, Jennings E, et al. Detectability of Medication Errors With a STOPP/START-Based Medication Review in Older People Prior to a Potentially Preventable Drug-Related Hospital Admission. Drug Saf. 2022 Dec;45(12):1501-1516. Disponible a: [https://bibcercador.uab.cat/permalink/34CSUC\\_UAB/1c3utr0/cdi\\_pubmed\\_primary\\_34729774](https://bibcercador.uab.cat/permalink/34CSUC_UAB/1c3utr0/cdi_pubmed_primary_34729774)
- Seppala LJ, Kamkar N, van Poelgeest EP, Thomsen K, Daams JG, Ryg J, et al. Medication reviews and deprescribing as a single intervention in falls prevention: a systematic review and meta-analysis. Age Ageing. 2022 Sep 2;51(9):afac191. Disponible a: [https://bibcercador.uab.cat/permalink/34CSUC\\_UAB/1c3utr0/cdi\\_pubmedcentral\\_primary\\_oai\\_pubmedcer](https://bibcercador.uab.cat/permalink/34CSUC_UAB/1c3utr0/cdi_pubmedcentral_primary_oai_pubmedcer)
- Altisent R. La relación con la industria farmacéutica: una cuestión ética de alta prevalencia en medicina de familia. Atención Primaria. 2003; 32(2): 106-109. Disponible a: [https://bibcercador.uab.cat/permalink/34CSUC\\_UAB/1c3utr0/cdi\\_latinindex\\_primary\\_oai\\_record\\_421230](https://bibcercador.uab.cat/permalink/34CSUC_UAB/1c3utr0/cdi_latinindex_primary_oai_record_421230)
- Mialon M, Vandevijvere S, Carriero-Lutzenkirchen A, Bero L, Gomes F, Petticrew M, et al. Mechanisms for addressing and managing the influence of corporations on public health policy, research and practice: a scoping review. BMJ Open. 2020; 10(7): e034082. Disponible a: [https://bibcercador.uab.cat/permalink/34CSUC\\_UAB/1c3utr0/cdi\\_pubmed\\_primary\\_32690498](https://bibcercador.uab.cat/permalink/34CSUC_UAB/1c3utr0/cdi_pubmed_primary_32690498)
- ABIM Foundation. Choosing wisely: clinician lists [Internet]. Philadelphia, PA: ABIM Foundation. 2023. Disponible a: <https://www.choosingwisely.org/clinician-lists/>

- Sociedad Española de Medicina de Familia y Comunitaria. Recomendaciones NO HACER. Barcelona: SemFYC; 2014. Disponible a:  
[https://bibcercador.uab.cat/permalink/34CSUC\\_UAB/cugbhl/alma991010762927706709](https://bibcercador.uab.cat/permalink/34CSUC_UAB/cugbhl/alma991010762927706709)

## Software

No specific software is necessary

## Groups and Languages

Please note that this information is provisional until 30 November 2025. You can check it through this [link](#). To consult the language you will need to enter the CODE of the subject.